

assessed. Data extraction will be carried out using a structured framework established prior to the review.

Results/Current Study Status: The final stage of the full-text review is currently underway. The following outcomes will be presented: therapy-related factors influencing medication non-adherence, as identified in the most recent scientific literature.

Conclusion/Expected Outcomes: The study will provide evidence on therapy-related factors affecting medication adherence. Consequently, outcomes of this review could set the foundations for the development of future medication adherence management interventions targeting these factors.

<https://doi.org/10.1016/j.sapharm.2025.02.072>

Intervention mapping-based development of a pharmacist-led intervention to discontinue chronic antidepressant use

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Background: In significant numbers of patients the in principle finite treatment of depression with an antidepressant (AD) results in chronic AD use. Discontinuation, however, is a complex and often long-term process since patients not only have to be made aware of their chronic AD use and its consequences but it also requires drawing up patient-tailored AD discontinuation schedules. Although a multidisciplinary guideline is available, it remains challenging for many HCPs to perform an AD discontinuation intervention. This study describes the systematic development of a pharmacist-led intervention to improve AD discontinuation care.

Purpose (research question): To develop an intervention including a systematic workflow for pharmacists, in collaboration with general GPs and psychiatrists, to support patients to discontinue chronic AD use.

Method/study design: Intervention development was guided by the Intervention Mapping approach. First, a scoping review was performed to assess the determinants of the challenges, i.e. the needs of patients, pharmacists, GPs/psychiatrists and associated nurse-practitioners. Second, intervention objectives were discussed within an expert group. Step three concluded the design of program content tools and step four the design of practical tools.

Findings: Major barriers to starting an intervention for AD discontinuation largely consist of poorly defined responsibilities between the different disciplines of HCPs with regard to the identification, invitation and support of patients. They can be addressed by providing tools that can facilitate HCPs in performing the intervention and developing a model collaboration protocol.

The systematic workflow for pharmacists relates to the invitation and support of patients with chronic AD use. For their identification, a protocol for a systematic search in the pharmacy information system was developed. For inviting patients a standardized letter and a protocol for subsequent telephone conversations were developed. Patient support materials include: a topic list for the intake and follow-up consultations, a relapse prevention plan, conversation techniques and a set of basic AD discontinuation schedules. To support the implementation, promotion materials including a flyer and a poster as well as training including patient cases were designed.

The HCP collaboration protocol describes shared patient counselling, responsibilities, the allocation of tasks, intercollegiate communication and support activities in case of withdrawal symptoms or relapse.

Conclusion: A pharmacist-led intervention was developed to initiate and complete the process of AD discontinuation. Performing the intervention is facilitated by several pharmacy support tools and a protocol for HCP collaboration. The next step is to test the feasibility of the intervention in daily practice.

<https://doi.org/10.1016/j.sapharm.2025.02.069>

The geriatric patient: A study on the analysis of potentially inappropriate prescriptions.

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BACKGROUND: The development of adequation tools for drug treatment optimization is a critical element in the clinical practice to prevent Potentially Inappropriate Prescriptions (PIPs), enhance therapeutic adherence and improve the quality of life for patients aged 65 and older.

PURPOSE: To analyse the prescribed medication of polymedicated geriatric patients to detect the possible existence of PIPs.

METHOD: A retrospective observational study has been carried out on the medication plans of polypharmacy patients aged 65 or older who attend a community pharmacy in the Metropolitan Area of Barcelona. STOPP/START V3 criteria were employed to systematically analyse the prescribed medications of these patients. This explicit methodology offers a comprehensive list of potentially inappropriate medications (STOPP) as well as potentially omitted treatments (START). The most recent version comprises 133 criteria for medication overuse (STOPP) and 55 for underuse (START).

FINDINGS: 32 medication plans, including a total of 137 medications, were collected. According to the first level of the Anatomical Therapeutic Chemical (ATC) classification, medications related to the cardiovascular system (C), digestive system and metabolism (A), and nervous system (N), accounting for 32.45%, 24.83%, and 14.57% respectively, were the most prevalent in the sample group.

The analysis of the medication plans led to the identification of 11 potential STOPP criteria, as well as the suggestion of a possible START criterion.

Some of the possible STOPP criteria detected were: the prescriptions of benzodiazepines for more than 4 weeks; proton pump inhibitors for peptic ulcer disease or uncomplicated peptic esophagitis at full therapeutic doses for more than eight weeks; antimuscarinics for the treatment of overactive bladder or urge urinary incontinence; and the concomitant use of two or more drugs with antimuscarinic/anticholinergic properties. Besides, the possible START criteria detected was the prescription of selective serotonin reuptake inhibitors for severe, persistent anxiety that interferes with functional independence and quality of life.

CONCLUSION: The study highlights a critical need: the optimization of the healthcare model in terms of medical care and prescription practices, specifically tailored to the management of polymedicated patients over the age of 65, always with the goal of preventing causes of frailty and iatrogenesis and reducing healthcare costs.

<https://doi.org/10.1016/j.sapharm.2025.02.070>

Clinical Pharmacist Consulting on HPV Vaccination: A Model of Good Practice Initiative

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Background and importance: Human papillomavirus (HPV) is a common virus that can lead to various cancers, most notably cervical cancer. The 9-valent HPV vaccine is one of the most effective tools in preventing HPV-related cancers.(1) However, vaccine hesitancy, lack of patient knowledge, and concerns about safety can limit vaccination uptake. Hospital pharmacists play a crucial role in addressing these barriers by providing accurate, evidence-based information to patients.

Aim and objectives: To present and evaluate the patient-centered consultations conducted by hospital pharmacists regarding the 9-valent HPV vaccine, emphasizing patient education, safety, and satisfaction.